#### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000063900

Entity Name: MEER CREATIONS, INC.

#### **Current Principal Place of Business:**

9950 62ND TERRACE N UNIT 319 ST. PETERSBURG, FL 33708

## **Current Mailing Address:**

9950 62ND TERRACE N UNIT 319 ST PETERSBURG, FL 33708 US

### FEI Number: 85-2711590

#### Name and Address of Current Registered Agent:

ANDRINGA, ROBERT J ESQ 5315 PARK BLVD N SUITE 2 PINELLAS PARK, FL 33781 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

| Т | ïtle            | P,S,                     | Title           | Т                        |
|---|-----------------|--------------------------|-----------------|--------------------------|
| Ν | lame            | HOWE, DAGMAR             | Name            | HOWE, DAGMAR             |
| A | ddress          | 9950 62ND TERRACE N #319 | Address         | 9950 62ND TERRACE N #319 |
| C | ity-State-Zip:  | ST PETERSBURG FL 33708   | City-State-Zip: | ST PETERSBURG FL 33708   |
|   |                 |                          |                 |                          |
| Т | ïtle            | VP                       |                 |                          |
| Ν | lame            | HOWE, GARY L             |                 |                          |
| A | ddress          | 9950 62ND TERRACE N #319 |                 |                          |
| С | City-State-Zip: | ST PETERSBURG FL 33708   |                 |                          |
|   |                 |                          |                 |                          |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: DAGMAR HOWE

PRESIDENT

01/17/2023

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No